PAGE 1 / 17

Image# 201606209018566576

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	or Other Than A	An Authorized	Committee			0111 0 1	
1. NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼		mple: If typing, r the lines.	type	12FE4M5	Office Use Only	
Cooperative of America	n Physicians I	E Committe	e		1 1 1 1		
ADDRESS (number and street)	333 S Hope St 8th I	Floor					
Check if different than previously reported. (ACC)	Los Angeles				CA	90071	- -
2. FEC IDENTIFICATION NUM	MBER ▼	CITY 🛦		8	STATE 🛦	ZIP C	ODE 🛦
C C00492116		3. IS THIS REPORT	× NE (N)	W OR	AM (A)	IENDED	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1 July 15 Quarterly Report (Q2 October 15 Quarterly Report (Q3 January 31 Year-End Report (YE July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	PRE-Elec Report fo	Election on	X Jur Jul Primary (12P) Convention (12	y 20 (M5) 1 20 (M6) 20 (M7)	Sep	in the	Special (30S)
5. Covering Period 05	/ D D / Y	2016	through	M M 05	31,	2016]
I certify that I have examined this	Report and to the	best of my know	wledge and bel	ief it is tru	e, correct and	complete.	
Type or Print Name of Treasurer	Nepecca Oison						
Signature of Treasurer Rebecco	a Olson		[Electronically F	iled] D	ate 06	20 /	2016
NOTE: Submission of false, erroned	ous, or incomplete in	formation may su	bject the persor	signing th	is Report to th	ne penalties of 2	2 U.S.C. §437g.
Office Use						FEC FO Rev. 12	

OI FEC Form 3X (Rev. 02/2003)	F RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		-
Cooperative of American Physicians	s IE Committee	
Report Covering the Period: From: 05	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	05
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		910802.75
(b) Cash on Hand at Beginning of Reporting Period	1104603.00	
(c) Total Receipts (from Line 19)	20269.24	555171.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1124872.24	1465974.39
7. Total Disbursements (from Line 31)	119550.61	460652.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1005321.63	1005321.63
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a multican	didate committee. (see FEC FORM 1M)	
F	or further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Tall From 900 424 0520	

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Cooperative of American Physicians IE Committee

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
1 (Contributions (other than Jame) From	Total This Period	Calelidai Teal-10-Date	
	Contributions (other than loans) From: a) Individuals/Persons Other			
(Than Political Committees			
	(i) Itemized (use Schedule A)	20195.00	554825.00	
	(i) itemized (dee esticadie / i)			
	(ii) Unitemized	0.00	0.00	
	(iii) TOTAL (add			
	Lines 11(a)(i) and (ii)▶	20195.00	554825.00	
	_			
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees	0.00		
	(such as PACs)	0.00	0.00	
(d) Total Contributions (add Lines			
	11(a)(iii), (b), and (c)) (Carry		554005.00	
	Totals to Line 33, page 5)▶	20195.00	554825.00	
	Fransfers From Affiliated/Other			
F	Party Committees	0.00	0.00	
		0.00	0.00	
. /	All Loans Received	0.00	0.00	
			0.00	
	oan Repayments Received	0.00	0.00	
	Offsets To Operating Expenditures			
	Refunds, Rebates, etc.)	0.00	0.00	
	Carry Totals to Line 37, page 5)	0.00	0.00	
	Refunds of Contributions Made			
	o Federal Candidates and Other	0.00	0.00	
	Political Committees	0.00	0.00	
	Other Federal Receipts	74.04	346.64	
	Dividends, Interest, etc.)	74.24	340.04	
	a) Non-Federal Account			
((from Schedule H3)	0.00	0.00	
	(IIOIII Ocificadio Fio)	0.00	0.00	
,	1) 1 - 1 - 5 - 1 - ((0.11.1-1.15)	0.00	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00	
,	a) Total Transfers (add 19(a) and 19(b))	0.00	0.00	
	c) Total Transfers (add 18(a) and 18(b))	0.00	0.00	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	Total This Period		
	perating Expenditures:) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date	
	(i) Federal Share	0.00	0.00	
	(ii) Non-Federal Share	0.00	0.00	
(b				
(0	Expenditures	22178.93	363281.08	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	22178.93	363281.08	
22. Tr	ransfers to Affiliated/Other Party	0.00	0.00	
	ommitteesontributions to	0.00	0.00	
Fe ar	ederal Candidates/Committees nd Other Political Committees	0.00	0.00	
	dependent Expenditures	07271 69	07271 60	
25. Co	se Schedule E) pordinated Party Expenditures	97371.68	97371.68	
(2 (u	U.S.C. §441a(d)) se Schedule F)	0.00	0.00	
ו א	oon Ponsyments Made	0.00	0.00	
0. LC	pan Repayments Made		0.00	
	oans Madeefunds of Contributions To:	0.00	0.00	
(a		0.00	0.00	
	That I office Committees			
(b		0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
/ -1). Total Contribution Defineds	, , , , , , , , , , , , , , , , , , ,		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00	
29. O	ther Disbursements	0.00	0.00	
	ederal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity (from Schedule H6)			
	(i) Federal Share	0.00	0.00	
	(") III - : II OI	0.00	0.00	
(h	(ii) "Levin" Share) Federal Election Activity Paid Entirely	0.00	0.00	
(3	With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00	
	בוווט טטנמאנון, טטנמאנוון מווע טטנטון		7 7	
	otal Disbursements (add Lines 21(c), 22,			
23	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	119550.61	460652.76	
	otal Federal Disbursements			
	ubtract Line 21(a)(ii) and Line 30(a)(ii)	119550.61	400050 70	
11(JIII LIIIG 01)	119000.01	460652.76	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	20195.00	554825.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20195.00	554825.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	22178.93	363281.08
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	22178.93	363281.08

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF 17 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Cooperative of American Physicians IE Committee Full Name (Last, First, Middle Initial) Cooperative of American Physicians Date of Receipt Mailing Address 333 S Hope St 8th Floor 2016 09 City Zip Code State Transaction ID: 11AI-192 CA Los Angeles 90071 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer Occupation In-Kind: Administrative Services Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 554825.00 Other (specify) Calendar Year Full Name (Last, First, Middle Initial) **B.** Cooperative of American Physicians Date of Receipt Mailing Address 333 S Hope St 8th Floor 05 31 2016 City State Zip Code Transaction ID: 11AI-190 CA Los Angeles 90071 Amount of Each Receipt this Period FEC ID number of contributing 20045.00 federal political committee. Memo Item Name of Employer Occupation Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General Other (specify) 554825.00 Calendar Year Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 20195.00 SUBTOTAL of Receipts This Page (optional)..... 20195.00 TOTAL This Period (last page this line number only).....

S IT

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 OF 17		
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 X 17			
or for commercial purposes, other than us			person for the purpose of soliciting contributions e to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Cooperative of American P	hysicians IE (Committee			
Full Name (Last, First, Middle Initial) Wells Fargo Bank Mailing Address 333 S Grand Ave			Date of Receipt		
City	State	Zip Code	05 31 2016 Transaction ID : 17-190-O		
Los Angeles	CA	90071	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		74.24		
Name of Employer	Occupation		Interest Earned		
Receipt For: 2016	Aggregate	Year-to-Date ▼			
Primary General Other (specify) ▼ Calendar year		346.64			
Full Name (Last, First, Middle Initial)	'		Date of Receipt		
Mailing Address			M = M / D = D / Y = Y = Y		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С				
Name of Employer	Occupation		Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼			
Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address			M = M / D = D / Y = Y = Y		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		Momo Itom		
Name of Employer	Occupation		Memo Item		
Receipt For: Primary General	Aggregate	Year-to-Date ▼			
Other (specify) ▼		7			
SUBTOTAL of Receipts This Page (optio	nal)		74.24		
TOTAL This Period (last nage this line no	imbor only)		74.24		

TOTAL This Period (last page this line number only).....

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page (check	NE NUMBER: PAGE 8 OF 17 only one) 22 23 24 25 2 7 28a 28b 28c 29 3
	I Statements may not be sold or used by any pathe name and address of any political committee	erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) A. Capitol Advocacy, LLC Mailing Address 1301 Street		Date of Disbursement M
City Sacramento Purpose of Disbursement California Public Policy Candidate Name	State Zip Code CA 95814 001 Category	Transaction ID : 21B-396 Amount of Each Disbursement this Period 5000.00
Office Sought: House Senate President State: District:	sbursement For: Primary General Other (specify) Type	Memo Item
B. Political Data, Inc. Mailing Address 12501 Imperial Hwy #200		Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement 2016
City Norwalk Purpose of Disbursement Mailing List for Mailer Candidate Name Office Sought: House Senate President State: District:	State Zip Code CA 90650 006 Category, Type sbursement For: Primary General Other (specify) Other (specify)	Transaction ID : 21B-369-S Amount of Each Disbursement this Period 792.66 X Memo Item SUBVENDOR to Chris Jones Consulting
Full Name (Last, First, Middle Initial) C. U.S. Postmaster Mailing Address 9241 Old State Hwy City Newcastle Purpose of Disbursement Postage for Mailer	State Zip Code CA 95658	Date of Disbursement M M M

SCHEDULE B (FEC Form 3X)	Han announts of the Co.	FOR LINE	NUMBER: PAGE 9 OF 17
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	X 21b	22 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem	I nents may not be sold or use		
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
Cooperative of American Physician	s IE Committee		
Full Name (Last, First, Middle Initial)			Data of Bishamana
A. Tony Siciliani			Date of Disbursement
Mailing Address 3003 O St			05 10 2016
	State Zip Code		Transaction ID : 21B-367-S
Sacramento	CA 95816		114113434311112 : 212 307 3
Purpose of Disbursement Printing, Mailhouse, Delivery		006	Amount of Each Disbursement this Period
Candidate Name		Category/	8572.64
Office Cought: House Distance	aont For	Type	
Office Sought: House Disbursen Senate	nent For: Primary General		X Memo Item
	Other (specify)		SUBVENDOR to Chris Jones Consulting
State: District:			
Full Name (Last, First, Middle Initial)			
3. J.C. Evans Inc.			Date of Disbursement
Mailing Address 11230 Gold Express Dr. #310-325			05 11 2016
			2
,	State Zip Code CA 95670		Transaction ID : 21B-368-S
Purpose of Disbursement	CA 95670		
Design for Mailer		006	Amount of Each Disbursement this Period
Candidate Name		Category/	809.95
Office Sought: House Disbursen	nent For:	Туре	
	Primary General		Memo Item SUBVENDOR to Chris Jones Consulting
	Other (specify) ▼		SSSVERIDGIT to Office Gories Consulting
State: District:			
Full Name (Last, First, Middle Initial)			Data of Diaburcament
PoliticalCalling.com			Date of Disbursement
Mailing Address 417 Mace Blvd Ste J-188			05 13 2016
City	State Zip Code		Transaction ID : 21B-375-S
	CA 95618		11alisaction iD . 21D-313-3
Purpose of Disbursement Phone calls		004	Amount of Each Dichursoment this David
Candidate Name		Category/	Amount of Each Disbursement this Period
		Type	2166.40
Office Sought: House Disbursen			× Memo Item
	Primary General Other (specify)		SUBVENDOR to Chris Jones Consulting
State: District:	Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			0.00
TOTAL This Desired (leak ways this Programme)			
TOTAL This Period (last page this line number only)			

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	Use separate schedule(FOR LINE	
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	9 (official of h)	/ one) 22 23 24 25 26 28a 28b 28c 29 30
ny information copied from such Reports and State for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) Cooperative of American Physicia	ns IE Committee		
Full Name (Last, First, Middle Initial)			Date of Disbursement
Political Data, Inc. Mailing Address 12501 Imperial Hwy #200			05 14 2016
City	State Zip Code		
Norwalk	CA 90650		Transaction ID: 21B-376-S
Purpose of Disbursement Phone List		004	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	451.38
Senate President	ment For: Primary	1	Memo Item SUBVENDOR to Chris Jones Consulting
State: District:			
Full Name (Last, First, Middle Initial) J.C. Evans Inc.			Date of Disbursement
Mailing Address 11230 Gold Express Dr. #310-32	5		05 18 2016
City Gold River	State Zip Code CA 95670		Transaction ID : 21B-381-S
Purpose of Disbursement Graphics		004	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	820.00
Office Sought: House Senate President State: District:	ment For: Primary		X Memo Item SUBVENDOR to Chris Jones Consulting
Full Name (Last, First, Middle Initial) Political Data, Inc.			Date of Disbursement
Mailing Address 12501 Imperial Hwy #200			05 18 2016
City Norwalk	State Zip Code CA 90650		Transaction ID : 21B-386-S
Purpose of Disbursement Mailing List Candidate Name		004 Category/	Amount of Each Disbursement this Period
Office Sought: House Disburse Senate	ement For: Primary	Type	Memo Item SUBVENDOR to Chris Jones Consulting

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full) Cooperative of American Physician	•	COMMITTEE TO	GOLOR GOLDBOARD HOLL GOLDBOARD
Full Name (Last, First, Middle Initial) - Political Data, Inc.			Date of Disbursement
Mailing Address 12501 Imperial Hwy #200			05 18 2016
Norwalk	State Zip Code CA 90650		Transaction ID: 21B-382-S
Purpose of Disbursement Mailing List Candidate Name		004	Amount of Each Disbursement this Period
		Category/ Type	624.00
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)		X Memo Item SUBVENDOR to Chris Jones Consulting
State: District: Full Name (Last, First, Middle Initial) 3. U.S. Postmaster Mailing Address 9241 Old State Hwy			Date of Disbursement M M M / D D / Y D D 2016
City Sewcastle	State Zip Code CA 95658		Transaction ID : 21B-383-S
Purpose of Disbursement Postage		004	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	4197.67
Office Sought: House Disburser	nent For: Primary General Other (specify)		X Memo Item SUBVENDOR to Chris Jones Consulting
Full Name (Last, First, Middle Initial) U.S. Postmaster			Date of Disbursement
Mailing Address 9241 Old State Hwy			05 18 2016
Newcastle	State Zip Code CA 95658		Transaction ID : 21B-387-S
Purpose of Disbursement		004 Category/	Amount of Each Disbursement this Period
Postage Candidate Name	1		
Candidate Name		Type	4608.43
Candidate Name Office Sought: House Disburser			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) FOR LINE NUMBER (check only one)			PAGE 12 OF 17	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28b	24 25 2 28c 29 3	
Any information copied from such Reports and State or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full) Cooperative of American Physicia	•	ou committee to	SONGE CONTRIBUTIONS IN	om such committee.	
Full Name (Last, First, Middle Initial)			Date of Disburseme	ant	
A. Dome Printing			M M / D D	/ Y Y Y Y	
Mailing Address 340 Commercial Circle			05 18	2016	
City Sacramento	State Zip Code CA 95815		Transaction ID : 2	21B-384-S	
Purpose of Disbursement Printing, Mailhouse & Delivery		004	Amount of Each Di	sbursement this Period	
Candidate Name		Category/ Type		6278.10	
Senate President	ement For: Primary	Type	X Memo Item SUBVENDOR to Ch	ris Jones Consulting	
State: District: Full Name (Last, First, Middle Initial)					
3- Hareline Graphics			Date of Disburseme	ent	
Mailing Address 2370 Geary Street			05 18	2016	
City West Sacramento	State Zip Code CA 95691		Transaction ID : 2	21B-385-S	
Purpose of Disbursement Graphics		004	Amount of Each Di	sbursement this Period	
Candidate Name		Category/ Type		760.00	
Office Sought: House Disburse	ement For: Primary General Other (specify) \	.,,,,	X Memo Item SUBVENDOR to Ch	ris Jones Consulting	
Full Name (Last, First, Middle Initial) Tony Siciliani			Date of Disburseme	_	
Mailing Address 3003 O St			05 / 18	2016	
City Sacramento	State Zip Code CA 95816		Transaction ID : 2	21B-380-S	
Purpose of Disbursement Printing, Mailhouse & Delivery Candidate Name		004	Amount of Each Di	sbursement this Period	
Candidate Name		Category/ Type		5869.75	
Office Sought: House Disburse	ement For: Primary General Other (specify) ▼		X Memo Item SUBVENDOR to Ch		
SUBTOTAL of Disbursements This Page (optional). TOTAL This Period (last page this line number only			1 7	0.00	

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 13 OF 17
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	X 21b	22 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	dad. 555 or drift pointed	50	22
Cooperative of American Physician	s IE Committee		
Full Name (Last, First, Middle Initial)			
Cooperative of American Physician	ns		Date of Disbursement
Mailing Address 333 S Hope St 8th Floor			05 09 2016
	State Zip Code		Transaction ID : 21B-192-N
Los Angeles Purpose of Disbursement	CA 90071		
In-Kind: Administrative Services			Amount of Each Disbursement this Period
Candidate Name		Category/	150.00
0//		Type	130.00
	nent For: Primary General Other (specify) The state of the stat		Memo Item
State: District:	, , , , , , , , , , , , , , , , , , ,		
Full Name (Last, First, Middle Initial) 3. Holland & Knight LLP			Date of Disbursement
			M - M / D - D / Y - Y - Y
Mailing Address Post Office Box 864084			05 27 2016
Orlando	State Zip Code FL 32886		Transaction ID : 21B-393
Purpose of Disbursement Federal Public Policy		001	Amount of Each Disbursement this Period
Candidate Name			Amount of Each Dispursement this Feriod
		Category/ Type	5028.93
	nent For: Primary General Other (specify) ▼		Memo Item
State: District:	Caron (opcomy)		
Full Name (Last, First, Middle Initial)			
P.M. Restaurants/Consulting, Inc.			Date of Disbursement
Mailing Address PO Box 518			05 03 2016
	State Zip Code		Transaction ID : 21B-365
Brea Purpose of Disbursement	CA 92822		
Political Strategy Consulting		001	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	12000.00
	nent For: Primary General Other (specify) ▼		Memo Item
State: District:			
SUBTOTAL of Disbursements This Page (optional)		······	17178.93
TOTAL This Period (last page this line number only)			

ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the) FOR LINE (check only	
	Detailed Summary Page	27	28a 28b 28c 29 30
Any information copied from such Reports and Stater or for commercial purposes, other than using the name	ments may not be sold or unner and address of any polit	sed by any perso ical committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cooperative of American Physician	ns IE Committee		
Full Name (Last, First, Middle Initial) A. U.S. Postmaster			Date of Disbursement
Mailing Address 9241 Old State Hwy			05 12 2016
Newcastle	State Zip Code CA 95658		Transaction ID : 21B-388-S
Purpose of Disbursement Postage Candidate Name		004	Amount of Each Disbursement this Period
Office Sought: House Senate President State: District:	ment For: Primary General Other (specify)	Category/ Type	10800.00 X Memo Item SUBVENDOR to PJM Creative
Full Name (Last, First, Middle Initial) B. U.S. Postmaster Mailing Address 9241 Old State Hwy			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Newcastle	State Zip Code CA 95658		Transaction ID : 21B-390-S
Purpose of Disbursement Postage Candidate Name		004 Category/	Amount of Each Disbursement this Period
Office Sought: Senate President State: Disburser Senate President	ment For: Primary General Other (specify)	Type	■ 10800.00 X Memo Item SUBVENDOR to PJM Creative
Full Name (Last, First, Middle Initial) C. U.S. Postmaster			Date of Disbursement
Mailing Address 9241 Old State Hwy			05 16 2016
Newcastle	State Zip Code CA 95658		Transaction ID : 21B-377-S
Purpose of Disbursement Postage Candidate Name		004 Category/ Type	Amount of Each Disbursement this Period 10800.00
Office Sought: House Disburser	ment For: Primary General	71-	★ Memo Item SUBVENDOR to PJM Creative

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 15 OF 17 FOR LINE 24 OF FORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	!!!	FEC IDENTIFICATION NUMBER ▼
Cooperative of American Physicians IE Comr	nittee	C C00492116
Check if 24-hour report 48-hour report New	v report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
Chris Jones Consulting Mailing Address 2045 Cranita Crank Pl		05 12 2016
3245 Granite Creek PI		Amount
City State	Zip Code	20374.94
Newcastle CA	95658	Transaction ID : E-366 Date of Disbursement or Obligation
Purpose of Expenditure Mailer	Category/ Type 006	05 10 / 2016
Name of Federal Candidate	X Support Office	ce Sought: X House District: 08
Paul Cook	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	35004.04 Disl 201	
	Memo Item	Other (specify) -
Full Name of Payee PJM Creative	iviemo item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1600 Countrywood Ct		Amount
City State	Zip Code	25000.00
Walnut Creek CA	94598	Transaction ID : E-371 Date of Disbursement or Obligation
Purpose of Expenditure Mailer	Category/ Type 004	05 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Offi	ce Sought: X House District: 44
Isadore Hall	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	50000.00 Dis 201	bursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	>	45374.94
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or autho party committee) any political party committee or its agent.		
Rebecca Olson [Elec	ectronically Filed]	06 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	_	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	16	OF	17 ORM 3X
FOR L	INE 24	OF FO	ORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Cooperative of American Physicians IE Committee	C C00492116
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
PJM Creative	05 23 / 2016
Mailing Address 1600 Countrywood Ct	Amount
City State Zip Code	25000.00
	Transaction ID : E-372 Date of Disbursement or Obligation
Purpose of Expenditure Mailer Category/ Type 004	05 / T3 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: X House District: 44
Isadore Hall Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination 05 14 2016
Mailing Address 3245 Granite Creek PI	Amount
City State Zip Code	3117.78
Newcastle CA 95658	Transaction ID : E-374 Date of Disbursement or Obligation
Purpose of Expenditure Phone calls Category/ Type 004	05 16 2016
Name of Federal Candidate Support Office	e Sought: X House District:08
Paul Cook Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	28117.78
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Rebecca Olson [Electronically Filed] Date	6 20 2016
Signature	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	17	OF	17
FOR L	INE 24	OF FO	DRM 3X
ENTIFI	CATIO	N NUM	BER ▼

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Cooperative of American Physicians IE Committee	C C00492116
Check if 24-hour report 48-hour report New report Amends report	ort filed on
Full Name of Payee	Date of Public Distribution/Dissemination
	05 19 2016
Mailing Address 3245 Granite Creek PI	Amount
City State Zip Code	11511.32
Newcastle CA 95658	Transaction ID : E-378 Date of Disbursement or Obligation
Purpose of Expenditure Mailing Category/ Type 004	05 / 18 / 2016
Name of Federal Candidate Support	Office Sought: X House District: 08
Paul Cook Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 35004.04	Disbursement For: X Primary General 2016 Other (specify) ▶
Full Name of Payee	
Chris Jones Consulting	05 / 19 / 2016
Mailing Address 3245 Granite Creek PI	Amount
City State Zip Code	12367.64
Newcastle CA 95658	Transaction ID : E-379 Date of Disbursement or Obligation
Purpose of Expenditure Mailing Category/ Type 004	05 18 2016
Name of Federal Candidate Support	Office Sought: X House District: 08
Rita Ramirez Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 23878.96
(b) SUBTOTAL of Unitemized Independent Expenditures	. •
(c) TOTAL Independent Expenditures	97371.68
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Rebecca Olson [Electronically Filed] Date	9 06 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	